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CONFIRMATION NO. 7391

<b>SERIAL NUMBER</b> 10/712,758	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 02P18962US01
<b>APPLICANTS</b> Andrew Levy, Charlestown, MA; Wolfgang Scholz, Beverly, MA; Tomas Russ, Carlisle, MA; Clifford M. Kelly, Windham, NH; Joseph Elaz, North Andover, MA; Kenneth Fuchs, Wayland, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/427,154 11/18/2002 <i>Yes aw</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None aw</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/09/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>6/19/07</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 27
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 43713				
<b>TITLE</b> Portable system for monitoring and processing patient parameters in multiple operational modes				
<b>FILING FEE RECEIVED</b> 1198	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	